

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2		1				
3						
4						
5		1				
6		2				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		1				
14		2				
15		2				
16		2				
17		2				
18		2				
19		2				
20	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.						
TOTAL CLAIMS						

13
21
34

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						